

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

NO

Number of copies of CRF::

Title::

DIGITAL AMPLIFICATION

Attorney Docket Number::

001107.00474

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

7

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

National Institutes of Health

Contract or Grant Numbers::

CA 43460, CA 57345 & CA 62924

Secrecy Order in Parent Appl.?::

NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bert  
Middle Name::  
Family Name:: Vogelstein  
Name Suffix::  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 3700 Breton Way  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name::  
Family Name:: Kinzler  
Name Suffix::  
City of Residence:: BelAir  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 1403 Halkirk Way  
City of mailing address:: BelAir

State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 21015

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Division of       | 09/981,356           | 10/12/01             |

|            |                    |            |          |
|------------|--------------------|------------|----------|
| 09/981,356 | Continuation of    | 09/613,826 | 07/11/00 |
| 09/613,826 | Non-Provisional of | 60/146,792 | 08/02/99 |

### Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

### Assignee Information

Assignee name:: The Johns Hopkins University  
 Street of mailing address:: 3400 N. Charles St.  
 City of mailing address:: Baltimore  
 State or Province of mailing address:: MD  
 Country of mailing address::  
 Postal or Zip Code of mailing address:: 21218